

FORM**42**Rev
03/12**State of Colorado
Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109

**OGCC RECEPTION**

Receive Date:

10/11/2012

Document Number:

400335659**NOTICE OF NOTIFICATION****Entity Information**

OGCC Operator Number: <u>66571</u>	Contact Person: <u>Christina Pierce</u>
Company Name: <u>OXY USA WTP LP</u>	Phone: <u>(970) 263-3600</u>
Address: <u>P O BOX 27757</u>	Fax: <u>(970) 263-3698</u>
City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77227</u>	Email: <u>christina_pierce@oxy.com</u>

API #: <u>05 - 045 - 20964 - 00</u>	Facility ID: _____	Location ID: _____
Facility Name: <u>Cascade Creek 697-05-74B</u>		
Sec: <u>8</u>	Twp: <u>6S</u>	Range: <u>97W</u> QtrQtr: <u>NENW</u> Lat: <u>39.543700</u> Long: <u>-108.246460</u>

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice requiredDate of Treatment: 10/15/2012 Time: 08:00 (HH:MM)**Estimated first date of flow back November 1, 2012**

This form must be signed by an authorized agent of the entity making assertion.

I certify under penalty of perjury that this report has been examined by me and to the best of my knowledge is true, correct and complete.

Print Name: <u>Christina Pierce</u>	Email: <u>christina_pierce@oxy.com</u>
Signature: <u>Christina Pierce</u>	Title: <u>Engineering Tech</u> Date: <u>10/11/2012</u>